Department of Veterans Affairs

VA Connecticut Healthcare System

Home Based Primary Care August 2000
Clinical Policy Memorandum 11-H

CONTINUITY OF CARE FOR HBPC PATIENTS AT THE TIME OF DISCHARGE AND TRANSFER

I. POLICY: In order to facilitate continuity of care or service consistent with applicable law and regulation, HBPC will communicate appropriate patient information to any health care organization or provider to which the patient is referred, transferred or discharged.

II. PROCEDURE:

A. A Discharge Summary will be written by the disciplines providing home care within 30 days of the patient's discharge from the program. This summary will include:

1. The date of discharge -
2. The reason for discharge, including the name of the organization to which the patient is being transferred -
3. Patient needs and problems, with identified goals -
4. Overall status of the patient -
5. A summary of care and services provided and progress toward identified goals -
6. This summary will be available in the electronic record -
7. When possible, the patient and caregiver will be given verbal and written instruction regarding:
   - Community services -
   - Medication use -
   - Any treatment or procedures to be performed -
   - Follow-up visits for physician care -

B. Discharge planning begins at the time of admission to the program. Goals are evaluated throughout the patient's care. The patient and family are part of the discharge decision and planning process.

III. REFERENCES:

JCAHO, Manual for Accreditation of Home Care, 1999-2000

IV. RESCISSION:

HBPC CPM - The Discharge of HBPC Patients, 1997

V. REVIEW DATE:

Review Date: September 2001 _____
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